## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000009703

PATEL, ARPAN M

2031 HERPERIA WAY

PENSACOLA, FL 32505

Name:

Address:

City-St-Zip:

Entity Name: RHAMESHWAR HOSPITALITY, INC.

FILED Mar 24, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business: 5 NEW WARRINGTON ROAD** PENSACOLA, FL 325065848 US **Current Mailing Address: New Mailing Address:** 2031 HESPERIA WAY PENSACOLA, FL 325051880 US FEI Number: 59-3411075 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PATEL, MAHENDRA M 2031 HESPERIA WAY PENSACOLA, FL 32505 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: () Change () Addition PATEL, MAHENDRA M Name: Name: 2031 HESPERIA WAY Address: Address: City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: Title: Title: () Delete () Change () Addition Name: PATEL, URMILA M Name: 2031 HESPERIA WAY Address: Address: PENSACOLA, FL 32505 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition PATEL, DARPAN Name: Name: 2031 HESPERIA WAY Address: Address: City-St-Zip: PENSACOLA, FL 32505 City-St-Zip: Title: () Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MAHENDRA M. PATEL PD 03/24/2009